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## LITHOTRITY AS APPLICABLE TO CHILDREN, WITH THE REPORT OF A CASE.

[Read before the Boston Society for Medical Observation, and communicated for the Boston Medical and Surgical Journal.]

BY D. D. SLADE, M.D., BOSTON.

THE comparative exemption of New England from that distressing malady, calculus of the bladder, is well known. Various, but unsatisfactory theories have been offered in explanation of this singular immunity from a disease which is so commonly met with in other regions of the United States and Canada.

In a communication to the *American Journal of Medical Sciences*, October, 1844, the late Dr. J. C. Warren says: "In the course of forty years I have been called upon to perform all the operations of lithotomy which have been done during that period in the city of Boston. The whole number has not exceeded twenty-five, inclusive of lithotritry cases, in a population which has increased during the period mentioned from about 26,000 to more than 100,000. Of these, not more than three were natives of Boston or vicinity."

In the same Journal for 1849, Dr. J. M. Warren communicates the history of seven cases operated upon by himself, and since this publication several other cases have occurred both in his practice and in that of other gentlemen. In the Reports of the Massachusetts General Hospital, I find that since the foundation of that institution, there have been admitted 29 cases of vesical calculus, of which 21 were natives of New England, 2 of the British Provinces, and the remainder European.

A few scattering cases have also occurred in the practice of our principal surgeons in various parts of New England. In the long-continued and extensive practice of my late instructor, Dr. Twitchell, of Keene, N. H., a practice which extended over all Northern New England, but two or three cases of vesical calculus were met with.

This affection has certainly been of more frequent occurrence in this vicinity within the last four years, a circumstance which may

be attributed, more particularly, I think, to the great increase of foreign population.

But the more especial object of this paper is to examine into the value of lithotrity as applicable to children. The success which has attended the cutting operation for calculus of the bladder in children, seems to have caused surgeons to have recourse to it to the almost entire exclusion of lithotomy. With the exception of two cases performed by Dr. J. M. Warren, and the case which is appended, I do not find that this operation has ever been practised upon children in this section of the country; and yet that it can be satisfactorily and safely performed, I think there is ample evidence, although a variety of opinions is entertained upon this point by surgical authorities. Civiale says:—

"It has been urged that the state of these organs before puberty would constitute a serious objection to my method of operating upon children. In a great number of cases I have made use of an instrument of two lines in diameter for breaking up and abstracting small calculi and fragments."

"These instruments can be made use of for operating upon patients of 3 and 4 years of age, and if the stone is small the operation will be followed by the best success."\*

Velpéau, in his work on "Operative Surgery," says: "Before puberty, lithotrity is less easily performed than in the case of adults, on account of the want of development of the sexual organs, the small diameter of the urethra, the indocility of the patients and the extreme sensibility of the parts."

Brodie, in his lectures on the urinary organs, makes these remarks: "In boys under the age of puberty, lithotomy is so simple, and so generally successful, that we ought to hesitate before we abandon it for any other kind of operation. There is also a manifest objection to lithotrity in these cases, on account of the small size of the urethra, which is such that it would not admit of the introduction of instruments of sufficient strength to crush a calculus of more than moderate dimensions."

Fergusson says: "Although lithotrity may be performed on children, it may well be doubted if such a proceeding should ever be attempted upon them; for it would be difficult to name any single operation of magnitude which has been more successful on young subjects than lithotomy. Out of one hundred and five cases operated upon by the latter method in the Norwich Hospital—the patients being under ten years of age—only three died, thus giving an average of one in thirty-five; and although other tables do not show altogether such results, there are good reasons for supposing that the average deaths in young persons who are subjected to lithotomy is little more than one in twenty-eight or thirty. Until it can be shown, then, that lithotrity surpasses this success, and is in

\* "De la Lithotritie," by Docteur Civiale.

almost every other respect to be preferred, it is only a fair conclusion to draw at the present time, that lithotomy is decidedly preferable in such subjects; and when, moreover, the comparative frequency of the disease in children is taken into account, it will at once appear that a large proportion of all cases of stone must yet be set aside from the lithotomist. Above the age of puberty, however, the average alters very materially, and, as already stated, the propriety of resorting to lithotrity ought to have due consideration."

Gross says: "Age constitutes no valid objection to the operation. If the general health is good; if there is no organic disease of the urinary apparatus; and if the manipulative processes are conducted with the requisite care and skill, it does not matter how old or how young the patient may be, he will have a reasonable chance of recovery. Leroy, Civiale and others long ago demonstrated the practicability and safety of the operation upon children of three and four years of age; and Dr. Smith, of Baltimore, has in several instances resorted to it successfully at a much earlier period."

Thus, the principal objections urged against lithotrity in children are, the narrowness of the urethra, the sensibility of the parts, and the extreme intractability of the patients. In answer to the first, I would remark that the very tendency of the disease is to dilate the canal, so that the surgeon is often astonished at the size of the instrument he is able to pass readily into the bladder. The use of anæsthetic agents entirely overcomes the two latter objections.

The only real and truly formidable obstacle to the adaptation of this operation to children, depends upon the difficulty of getting rid of the fragments of the crushed calculus. The impossibility of retaining the contents of the bladder to a degree sufficient to wash away these fragments which are constantly in danger of becoming impacted in the canal, is certainly a strong objection, especially in the case of very young children. This, however, would not hold good in those cases where the stone was found to be small, so as to be readily and thoroughly crushed. At any rate, lithotrity has the advantage, to say the least, of being a far less formidable operation to those most concerned in the welfare of the child, than the cutting operation, a consideration not to be lost sight of.

As to the comparative safety, and the ultimate results of the two modes of removing calculi of the bladder in children, we have not sufficient data upon which to found an opinion. We can see no reason why, in skilful hands, lithotrity should not give as good results, and even better than has lithotomy.

The following case, in which lithotrity was performed, may be considered as successful, so far as the operation was concerned. Had the patient not succumbed to another disease, of an entirely

different character, there was every probability that the remaining calculus could have been removed as successfully as was the first.

Patrick R., æt. 6, of Irish parentage. Was born, and has always lived, in Boston. Father reports that the boy has suffered from the symptoms which he now has, for the last twelve months. With the exception of slight bronchial troubles the child has always been healthy. Has five other children, none of whom have ever suffered from any diseases of the urinary organs. No hereditary tendencies to calculus exist in the family. The history of the case pointing to the presence of a vesical calculus, having etherized the child, I passed a moderate-sized sound with perfect ease, and at once detected a stone. Two days after, the patient having experienced no untoward symptoms from the sounding, I again etherized him, and readily broke up the stone by means of a small-sized lithotrite, the operation occupying about eight minutes. Visited him six hours after the operation; found that he had slept for an hour; had passed his urine twice without much pain; had taken a warm bath, and demulcent drinks, which had been ordered.

The next morning, March 25th, found the boy bright and lively. Had passed a very comfortable night, and slept well; had suffered no pain whatever; has wet the bed but very slightly, less so than at any time during the existence of the disease; has passed his urine voluntarily twice, with a good many small fragments of stone; not the slightest symptom of any inflammation about penis or over the pubic region. Continue the same treatment. Thus a week passed; the patient continued very comfortable and relieved of nearly all troublesome symptoms. No pain or inflammation present; good appetite; sleeps well. Small bits of the stone have passed at every act of micturition, and without giving any distress. At the end of this time, a large fragment became suddenly impacted in the membranous portion of the urethra, which caused great suffering. Having etherized the boy, I attempted to dislodge it by means of a sound, but finding it firmly fixed, and that I should doubtless do some injury to the neighboring structures if violence was used, I suffered it to remain, trusting to the natural efforts to get rid of it. Ordered anodyne enemata, warm bath, and demulcent drinks ad libitum. The next day, at noon, the fragment was spontaneously dislodged, and the patient immediately relieved. For three days the boy was very comfortable, all the symptoms of stone had apparently passed away, when on Saturday, April 5th, the mother unwisely suffered the patient to remain for two or three hours standing about in the street, the atmosphere being excessively chilly. Early on Sunday morning, after passing a restless night, he complained of some difficulty in urinating, and throughout the day he was feverish, and in a good deal of distress. Although I gave strict orders to the mother to inform me of any change, I was not summoned until Tuesday noon. At my visit found the child in bed, complaining of some abdominal



pain; pulse 128; skin moist; tongue coated; constantly crying and moaning; urine dribbling away; bowels constipated. The mother reports, also, that there has been some bronchial difficulty—slight cough and some dyspnoea. Ordered cathartic, warm bath, opiate enemata and fomentations over abdomen. The next day, found patient very feeble; had passed a very restless night. On examination of chest, discovered well-marked crepitation at lower posterior portions of both lungs. Dyspnoea had very much increased. Consultation with Dr. J. M. Warren in the afternoon. Ordered nitrous spirits of ether, five drops every four hours; the other treatment as before. Up to the time of his death, which occurred eight days after this, the chest symptoms occupied my chief attention. There was no pain or any tenderness over the region of the bladder, but the incontinence of urine continued, which I attributed entirely to the general prostration and debility of the patient, due to the pulmonary disease, and not at all to any local cause.

Only a partial autopsy was allowed. Emaciation of whole body very great. On opening abdominal cavity, found the bladder much contracted, containing only one or two drachms of urine, and no particles of the crushed calculus. There was present, however, another calculus, of the size of a horse-bean, which appeared smooth, and to have entirely escaped the lithotrite. No fragments in urethra. There were one or two spots of ecchymosis upon the lining membrane of the bladder, upon the posterior and lower portions; otherwise the organ appeared perfectly healthy. No appearance of any peritoneal inflammation.

On analysis, the stone was found to be composed of phosphate of lime.

The reading of this paper called forth some interesting remarks, particularly from Dr. Bacon. This gentleman remarked, that there had been a great increase in tendency to vesical calculus in this neighborhood of late, particularly of the oxalate of lime. The reason for this remains unexplained. Some attributed it to the use of Cochituate water, which is very pure, it having been substituted for a water containing a large amount of deliquescent lime salts. This can only be proved in time. Against this theory is opposed the fact that many patients with this affection who have been seen by Dr. Bacon, still use the same water to which they have been accustomed for many years. There is also a great increase of cases where the calculi are small, and escape from the urethra spontaneously. These are almost invariably oxalate of lime. He thought that this fact could not be owing to any particular article of food containing oxalic acid, as these acids are decomposed in the body. Neither did he think that the lime salts in water had any influence.

I remarked that the fact of oxalate of lime calculus being so frequently met with was to be attributed, in my opinion, to the

great nervous excitement and mental fatigue to which our people are so prone to expose themselves.

In conclusion, although the case reported cannot be considered as entirely successful, yet another *sitting* would have sufficed to have broken up the remaining stone, which was small and friable, with every reason to suppose a speedy and permanent recovery.

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TWO FÆTUSES UNITED, FACE TO FACE, FROM THE UMBILICUS  
TO THE UPPER THIRD OF THE STERNUM.

[Communicated for the Boston Medical and Surgical Journal.]

MESSRS. EDITORS.—Having seen, a few weeks ago, a newspaper account of the case above referred to, I wrote to my friend, Dr. R. K. Jones, of Bangor, Me., and with his assistance have been able to get the specimen for dissection, and an account of the birth, from the attending physician, Dr. D. J. Perley, who practises in Old Town, a few miles from Bangor.

The mother is 43 years of age, and has had seven or eight living and well-formed children. Her labors have always been hard, and the three last have been followed by "lymphatic swelling" of one or both lower extremities. On the 11th of February, about 3, A.M., Dr. P. was called, and found her in labor. "At a proper time" he examined, and found the vertex presenting. As the pains increased, Dr. P. was surprised to find that the head did not descend as it should, and "more especially at its tardy progress through the vulva." "The stasis of the head for nearly two hours, with but a little change, is a very noticeable circumstance in the mechanism of the case"; what was gained by the uterine contractions being lost during the intervals. The head was at last brought through the vulva without the use of instruments, but still the shoulders did not descend; and on examination, "the head of another child was found impacted snugly against the left side of the pelvic bones near the acetabulum. I endeavored to push the head back, on the accession of pain, but without effect. As it appeared to occasion the woman considerable suffering, I desisted from such further attempts, and endeavored to extract the first child. I succeeded, with some embarrassment, in bringing down two arms, the recovery of which increased the space in the lower aperture. The twofold advantage gained of increased space and of the power exerted in drawing the shoulders forward to the outlet, and the frequent audible yielding of the connections of the bones of the pelvis (probably the sacro-iliac and sacro-coccygeal), enabled the head of the second child to slide under the arch of the pubes, and they were both at once ushered into the world alive. From the relative position which they assumed at the instant of their birth, I judged that in their descent through the pelvis, the head of the second was wedged upon

the right shoulder of the first." The children were born about 3, P.M. "Animation was more vigorous, and perhaps a little longer manifested in the second presenting child than in the first; and, I think, without the aid of accurate time, continued about fifteen minutes." "There was but one placenta, and but one funis until it arrived within about two inches of the fœtal abdomens, when it divided, and a branch went to supply each of the children." As a small portion of the cord was still connected with the fœtuses, and I saw no appearance whatever of the division referred to by Dr. P., I made some inquiries of him in regard to this point, through Dr. Jones, and he very positively re-asserted the statement. "The pulsation of the cord at birth was very strong, and continued, though with lessening force, probably ten minutes. Whilst the pulsation was yet considerable, I divided the cord some inches above its natural division for distribution, omitting the usual precaution of tying the fœtal portion, through which some blood escaped, and animation soon ceased."

The patient was much exhausted by her labor, and subsequently "had symptoms of peritoneal fever," with "lymphatic swelling of the whole of the left lower extremity;" but, on the 15th of March, the date of Dr. Perley's letter, she was doing well, though still confined to her bed. An abscess, however, was forming about the "right sacro-iliac symphysis."

The fœtuses had been perfectly preserved in spirit, and were in no way injured. Weight five pounds ten ounces (avoirdupois). Length fifteen and three fourth inches. Equally developed and well formed, excepting the fusion. No hernia at insertion of cord.

The two abdominal cavities communicated freely, and the alimentary canal was essentially the same as in the case figured by Cruveilhier (*Anat. Path.*, liv. xxv.). Referring to the two fœtuses as A and B, each had its œsophagus and stomach; and these last were equally developed, which they were not in Cruveilhier's case. The duodenum of A and B, at the distance respectively of 1 inch, and  $\frac{3}{4}$  of an inch from the pylorus, united to form a single intestine 37 inches in length; this then again divided, but first formed a dilatation nearly as large as the top of the thumb, and of a somewhat triangular form. Below the division, the small intestine of A measured  $23\frac{1}{2}$  inches, and that of B 32 inches; the large intestine of A  $16\frac{1}{2}$  inches, and that of B 23 inches. At a distance of  $2\frac{3}{4}$  inches from the division, there was in the intestine of A what may be called an abrupt, linear obliteration of the canal; the whole intestine below this point being smaller than that of B, and filled with very thick mucus; whereas the large intestine of B was full of common meconium. The folds of the intestines were to a considerable extent adherent, as from an imperfect development of the mesentery; and this was particularly the case with the large intestine of A. A dilatation of the single intestine, and just as the two sets are to be formed, I have several times met with

in double monstrosities, and am not aware that it has been particularly, if at all, noticed by others.

There were two livers, the whole mass being small for the two fœtuses. They were intimately fused by their upper edges or extremities, and each had its gall-bladder; the ducts being traced, but not quite to the intestine. In each the umbilical vein entered upon the convexity; and each had its suspensory ligament, the two being in a continuous line.

The diaphragm formed a large arch, as usual in these cases, and had its usual connections.

The two livers did not belong respectively to the two fœtuses; but each was composed of the right lobe of one fœtus and the left lobe of the other; as if, in the first period of their formation, they had been divided, widely separated, and then fused. And so the formation of the diaphragm may be explained; the space left by the separation of the two being closed by new-formed muscular substance. The upper third of the sternum, also, of each fœtus being properly formed, the remainder consisted, on each side, of a fusion of the divided sterna of each. I do not mean to say that any such division originally existed, or subsequently took place, nor that it did not; but I would simply give an idea of the parts as they now appear.

The following organs were found in each fœtus, and they were well formed: the spleen, two kidneys with their renal capsules, the bladder, and the testicles; all four of the last being in the abdomen. Penis of each large. Vesiculæ seminales of each partially dissected. Pancreas of one felt, but not dissected.

The heart was single, but formed of a fusion of two, and contained in a single pericardium. Its transverse diameter was much greater than the longitudinal; the ventricular portion being considerably broader than in the tortoise. Between the two right auricles there was nothing like a septum. The left auricles also opened freely into the right; but that of A the most so. The four auricles were distinctly marked by appendices. The upper vena cava of A ran down upon the left side, instead of the right, but opened into the right auricle; the upper cava of B, and both of the lower venæ cavæ, were distributed as usual. The pulmonary veins of each fœtus, respectively, were collected from the different lobes of the lungs, and formed a common trunk half an inch in length; that of A opening as it should, but that of B opening into the right auricle of B. The tricuspid valve of A was sufficiently marked; from the ventricle, a pulmonary artery arose and sent a branch as usual to each lung, but none to the aorta. The left ventricle of A communicated pretty freely with the right, but not directly with the auricle. The aorta that arose from this left ventricle could be inflated, but a small probe could not be passed into it; the usual vessels were given off at the arch; the right common iliac artery was very small, as there was no umbilical artery upon

this side, the left being quite large, as was also the umbilical. The tricuspid valve of B was rather small. The pulmonary artery arose from the right ventricle, and gave off a ductus arteriosus as well as the two pulmonary branches. The left ventricle of B had no communication with the right, but was directly continuous with the right ventricle of A. The aorta arose from this left ventricle and gave off its branches properly, excepting the left carotid, which arose from the origin of the innominata. In the case of the iliac arteries the distribution was just the reverse of what it was in A; there was but one umbilical artery, and that was upon the right side; the right common iliac being, of course, very large, and the left proportionally small. The different vessels, as they entered or arose from the heart, were of the proper size; but none of them were cut open to expose the valves. The thickness of the ventricular parietes, and the size of the cavities, were about natural; and upon the external surface there was no appearance as of a division within, excepting the right ventricle of B, in which this appearance was quite marked.

Each fœtus had its two distinct pleural cavities, its two sets of lungs, some of the lobes of which were rather more fissured than usual, its trachea, larynx, thyroid and thymus glands.

The fœtus having been dissected, will be returned to Dr. Perley; to whom, as well as to Dr. Jones, I would here publicly acknowledge my obligations. I regret that the mere record of a case, without comments, should occupy so much space in your Journal; but, if any apology is needed, I would say, that though cases like the above are occasionally reported, it is very rarely that the dissection is given.

Yours respectfully,

Boston, April 27th, 1858.

J. B. S. JACKSON, M.D.

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#### RETAINED PLACENTÁ AFTER ABORTION.

[Communicated for the Boston Medical and Surgical Journal.]

MESSERS. EDITORS,—The frequent occurrence of accidental abortions, and the rapid increase of criminal efforts to produce them in this fast and fastidious age, combined with the uncertainties and perplexities so often attending them, render the subject one of considerable importance to the medical profession generally, and more particularly to its junior members. This is my only apology for again calling your attention, and that of your readers, to a brief account of a case which recently came in my charge.

Mrs. —, who is the mother of several children, and from her own statement has had four abortions within the past six years, all before the fifth month, however, sent for me the 20th March, ult., stating that she had "lost her monthly sickness" about three months previously, and supposing herself pregnant, had repeatedly, within a few days before calling me, tampered with the neck of

her uterus by inserting a sharp piece of whalebone. This action had been followed by a discharge of bloody fluid, pain in the back and hips, and at first a slight hæmorrhage. The latter, however, had rapidly increased, until she felt alarmed, and accordingly called me in. On examination, I found the neck of the uterus considerably tumefied and tender, the os so far opened as readily to admit the finger, which came in contact with a small body, which was soon expelled, and proved to be, as expected, a fœtus. It was of about ten weeks' growth. I immediately traced the cord to the placenta, and endeavored to hook my fingers over it and thus detach and remove it. It proved so friable as to tear with very slight force, and my efforts to detach and draw it away were unsuccessful. She soon implored me to desist, as the attempt gave her great pain; and, as it became necessary for me to leave her for a few hours, I applied a tampon to prevent excessive flowing, pressing it in firmly. Over the external genitals a compress was applied, and also a bandage to secure it. I was absent about eight hours, and on my return she informed me that two hours previously the bandage and compress had been removed, to allow her to urinate, and that immediately after getting upon the vessel, the plug and afterbirth both passed away; the latter much disfigured by my efforts to remove it, though the entire substance was present.

The questions have arisen in my mind whether, when the usual manual and medicinal means fail (and my experience has led me to know that they are not always reliable in abortions before the fifth month), the desired result may not generally be expected to follow the withdrawal of the tampon? And whether the tampon pressed firmly up to the mouth of the uterus, and perhaps a portion into it, and bound there, does not have something to do in inducing the uterine contractions, which result in the expulsion of the placenta?

E. S. WALKER, M.D.

*Brockett's Bridge, N. Y., April 22d, 1858.*

TRANSMISSION OF SYPHILITIC POISON.—LETTER FROM PROFESSOR SIGMUND.

[Communicated for the Boston Medical and Surgical Journal.]

MESSRS. EDITORS,—I send you the translation of a letter received by me a short time since, from Prof. Sigmund, of Vienna, in answer to questions on some disputed points in the venereal disease. It will be seen that Prof. S. asserts his belief in the communicability of the disease in question from secondary appearances. To this part of his letter I beg leave to invite the attention of those members of the Suffolk District Medical Society present at the meeting of March 27th.

I am, very respectfully, yours,

2 Bumstead Place, April 13th.

HENRY K. OLIVER, M.D.

Vienna, General Hospital, 6th January, 1858.

DEAR DOCTOR,—I send you, herewith, the answers, according to my observations, to your four points. In all these questions there has been a great deal of personal matter brought into the subject, from authorities being apt to adhere to such opinions as they have once made public, at all hazards. Further, the assertions of the patients themselves have been too much relied on. \* \* \* \*

If you wish more communications on syphilis from observations in the Vienna Wards, I would call your attention to the *Wochenschrift* (Woltelshoefer, Vienna), and to our Yearly Report (Braumueller, Vienna). I enclose you, hereby, such as have already appeared, and as I shall prepare those of 1855–57 together, you can have these too, in from four to five months, if you will let me know through whom to send them.

With best wishes, your devoted  
SIGMUND.

1st, From *observations on patients* I have remarked the communication, from one individual to another *healthy* person, only in the case of *plaques muqueuses* (breite Condylome). This result takes place through frequent or long-continued contact, which, aided by the warmth and moisture of the parts, causes excoriations. The communication requires from five to six weeks' time; I never saw it take place in less than five weeks. Here belongs also the infection of child by nurse and nurse by child, through papules or excoriations of the skin, or fissures in infiltrated skin.

2d, I know of no case where a common catarrh of the uterus, or of the vaginal mucous membrane, has given rise, in the male, to gonorrhœa; that is, a contagious hypersecretion, with its consequences, of the urethral mucous membrane. I know, however, cases in which the man has infected the woman, who was pregnant, or became so, and in whom, after delivery, the lochia, leucorrhœa, &c., infected other men. It is from the *very numerous* cases of this kind that this question has become so intricate, for, strange to say, many physicians consider the gleet (nachtripper), especially the prostatic, and the glandular secretion of the fossa navicularis, which may easily block up the opening, as non-contagious. They are so, however, and only the circumstance that the secretion is often washed away before intercourse, or is even entirely absent, prevents sometimes the infection. I have known men to sleep with women with cancer of the uterus, and no result follow it; sometimes a hypersecretion of the mucous membrane of the urethra comes on, which, however, yields in a few days to cleanliness. *Gonorrhœa arises from gonorrhœa.*

3d, The *vegetations* are always the result of the gonorrhœal secretion alone. Errors in diagnosis, and filthiness, (especially in hospitals, but also in private practice), have deceived authors in their opinion of the origin of these morbid productions. A thorough destruction, by local applications, of *all* vegetations present,



removes them permanently, but it is not the same with general remedies; or, they may shrink up, die and fall off, with or without these general remedies. Balano-blennorrhœa alone often gives rise to them, as also blennorrhœa of the glands of Bartholini, in women. Thence arise the errors of observers, who overlook these two forms, or fail to find them because already disappeared, but find chancres, and impute to them the origin of the vegetations. Moreover, authors have been, and are still, very careless in the diagnosis of the growths in question; simple hypertrophy of papillæ, even the coagulations in exudations, were mistaken for them; also growths, similar in appearance, often seen in pregnant women, and, lastly, exudations in the deep parts of the eye, even, as well as in the anterior chamber.

4th, Inoculation with the vegetations—that is, the transfer of the blood and contents of the cells—gives a negative result; producing neither blennorrhagia nor chancre. When blennorrhagia still remains, this is often inoculated, since an incredibly small amount of mucus or pus is sufficient to transfer the disease. I have inoculated with a few little drops, scarcely to be discerned by the eye, and when I employed warm secretion, the inoculation has always succeeded, provided also the mucous membrane itself was reached, and not a layer of pus or other secretion.

### Reports of Medical Societies.

EXTRACTS FROM THE RECORDS OF THE SUFFOLK DISTRICT MEDICAL SOCIETY.  
CHARLES D. HOMANS, M.D., SECRETARY.

*Use of Chlorate of Potash in Stomatitis.*—Dr. ABBOT inquired if any gentleman had had any experience in the use of this drug in the above affection, as recommended by French authors.

Dr. CHANNING had administered it in three cases, but it had not answered his expectations. Two of these were nursing children, and one an adult. They all did well, but recovery was not so rapid as he had supposed it would be.

Dr. ABBOT had, within two weeks, seen three cases of extensive ulceration of the gums, which all recovered very quickly under this treatment. The patients were 5 years old, and under. One of them had been in a very bad condition for four months, but in a week from the commencement of the treatment it was entirely well. In this case fifteen grains were given three times a day; in the other two, ten grains in the same way.

Dr. LYMAN had used chlorate of potash for ulcerative stomatitis, in smaller doses, and had always found the disease yield in a few days, with one exception, that of an adult in an extremely bad condition.

Dr. DURKEE had employed this remedy for ulceration in the buccal cavity, both internally and as a gargle. He gives it in quantities varying from one to three drachms a day; from one to one and a half drachms a day may be taken for any length of time with impunity.

He alluded to the case of a lady, from a distance, who wore artificial teeth, and had a bad ulceration in her mouth, which had been considered as syphilitic. In consultation with another physician, Dr. Durkee suggested that the trouble might be caused by the plate in which the teeth were set, and recommended the use of chlorate of potash internally, and as a gargle, under which treatment recovery took place in ten days. The gargle was of the strength of one drachm of the drug to a pint of water. There was a slight inequality in the plate at one point, but it was not corroded. It did not fit as well as they commonly do.

Dr. BUCKINGHAM considered this drug of great benefit in the treatment of nursing sore mouth, in large doses, the disease always yielding in the course of a week. He mentioned the case of a lady, who suffered from sore mouth during lactation and had once had an attack during pregnancy, who was always able to relieve herself in from twenty-four to forty-eight hours by taking ten grains of the chlorate of potash in a tablespoonful of water, once in three hours.

Dr. Lyman thought large doses unnecessary.

Dr. Abbot said they were used by the Frenchman who first recommended this treatment.

Dr. Durkee had read, some years since, in Guy's Hospital Reports, an account of the use of chlorate of potash in syphilis, in the dose he had recommended.

Dr. Lyman thought the disease yielded just as easily in small doses. He considered the credit of its introduction as a remedy in these affections to belong to Hunt, of London. Dr. West, in his treatise on "Diseases of Children," on Hunt's authority, recommends it almost as a specific in small doses.

Dr. Durkee had been unsuccessful in one case.

Dr. Lyman alluded to three or four cases which he had seen, during the past year, of neuralgic pain radiating all over the head and preventing sleep, proceeding from apparently sound teeth, not yielding to the applications of dentists. In each of these cases there was ulceration in the gums about the roots of the teeth, which disappeared, together with the pain, in four or five days, under the use of four or five grains of chlorate of potash three times a day.

*Effects of Thoracentesis in preventing Contraction of the Chest in Pleurisy.*—Dr. BOWDITCH exhibited several ambrotypes, showing the difference in the deformity resulting from severe pleurisy in children, when the disease was for the most part left to itself, and when treated by repeated punctures of the pleural cavity. He thinks that thoracentesis tends to prevent the great contraction so commonly a sequel of this disease. The ambrotypes represented two little girls, one 9, the other 5 to 6 years of age. The first child, two years ago, had been ill for some time, and when seen by Dr. Bowditch, an abscess, connected with the pleural cavity, had formed. This was opened with relief, the child's friends, however, declining further treatment. After this, pus was discharged from five different openings on the front and back of the chest. She has now perfectly recovered, but is very much distorted, and with a useless lung on the side which has been diseased, and the probabilities are that she will grow worse and worse for some time to come. The second case occurred in a girl 4 years of age, who was three times in danger of suffocation from the great amount of fluid in the pleural cavity, from which relief was always obtained by tapping.

Finally, a trocar was left permanently just below the left scapula until fluid was no longer discharged, and the result is, that there is no difference between the two sides, save a slight depression at the point of puncture.

Dr. Bowditch said it was the opinion of many physicians that cases of pleurisy would generally be followed by recovery, save when the patient was tuberculous. He did not agree to this, thinking that there are some cases of this disease in which the tendency is not toward recovery, whether the subjects are tuberculous or not.

The President asked if Dr. Bowditch had seen this distortion in adults.

Dr. Bowditch said that it did not occur to so great an extent, but in many cases there was a certain amount. This class of patients would have ceased to grow, so that there would be merely the adhesions for them to contend with.

### **Bibliographical Notices.**

*The Institutes of Medicine.* By MARTYN PAINE, M.D., &c., Professor of the Institutes of Medicine in the University of New York. Second Edition. New York: Harper & Brothers. 1858. 8vo. pp. 950.

THE Institutes, or in other words, the Philosophy of Medicine, is the subject of this ponderous work, wherein is contained much learning, and many original ideas. It embraces the subjects of physiology, pathology and therapeutics, and an appendix is added, which treats of several topics in a more special manner than the nature of the work allowed in the text: such as the progress of physiological and pathological chemistry, the production of animal sugar, the progress of physiology in certain departments, the action of certain remedies, the influence of the mind upon the action of remedial agents, the question of the supposed change of type in disease of late years, and several others. Lastly, a copious index crowns the whole, and is in itself an epitome of the book, containing an abstract of every subject.

One cannot fail, in reading Dr. Paine's work, to be struck with the immense industry of the author, with his originality and with his consistency; and if we must differ from him in some of his views, we do so with the diffidence due to a learned and conscientious teacher. The leading idea which pervades the portion relating to physiology, is that of the vital principle, as exercising a paramount influence in all the processes and functions of the organism, in contradistinction to the views of those German physiologists, and especially of Liebig, who maintain that the physical forces alone control to a great extent the various actions of the animal structure.

In therapeutics, Dr. Paine is a strong conservative, especially on the subject of blood-letting, which he practises with a freedom that is startling at the present day, when that remedy has so much gone out of fashion. Although his arguments on this point are plausible, we must say that they fail to convince us that the good sense of the profession, in all parts of the world, in moderating the extent to which this method of controlling disease is now limited, is founded in error. At the same time, we freely admit that in this respect there has been

a violent oscillation to an opposite opinion to that which formerly prevailed, and that this valuable remedy is too often neglected in cases where it might be of inestimable service.

The appendix contains many articles of interest, and which may be profitably studied by the student and the practitioner. Our limits will not allow us to examine these, and we can only add that we highly recommend the work as containing much which is learned and valuable, and which will well repay the labor of perusal—a labor enhanced by a certain obscurity of style, and by a controversial spirit which pervades it.

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THE BOSTON MEDICAL AND SURGICAL JOURNAL.

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THE USES OF PAIN.

MANKIND are so accustomed to shrink from pain, and so eager in seizing upon every means to lessen or annul it, that the fact of our having been endowed with it, as with a sense, by a beneficent Creator, and with the kindest intent, does not readily impress us. Yet that this is strictly true, daily observation teaches. Without pain to act as a sentinel, the body would almost momentarily be injured, perhaps hopelessly so, and Death would revel in such wise as that the race would soon be extinct. This is hardly an exaggerated statement; and a little reflection will enable any one to realize the immense amount of evil which would ensue to us all, were the "sense of pain" abolished.

A very interesting and instructive article, in a late number of the *Quarterly Review*, is transferred to the pages of the *Living Age* of the 24th of April, 1858. It is a *critique* upon "An Essay on the Beneficent Distribution of the Sense of Pain," written by Mr. G. A. Rowell, Honorary Member of the Ashmolean Society, and Assistant Under-keeper of the Ashmolean Museum. Most of the details are familiar to medical men, but any reader will be delighted with the pleasant style of the review, the entertaining illustrations and the facts communicated. It is a paper calculated to do good to the general reader in many ways; and not the least by the noble sentiments with which its last two or three pages teem. We allude to the remarks upon cruelty to animals. Many seem now to believe, as did Malebranche, that dogs, horses and such like animals *do not feel*, and that, therefore, any amount of abuse, by means of kicks, blows, goading and spurring, is admissible. We say many persons *seem* to suppose this, for although they hear a dog howl if kicked, and know that a horse springs forward under the spur, they do not realize, or do not think, how much unnecessary pain is inflicted by them, in their gusts of temper, upon animals almost always innocent of any fault.

To recur to our first topic—the wonderful guardianship over the bodily organs, so kindly established for us through the agency of pain. How few think of the subject in this light. Accustomed, too much, to look upon pain as an unmitigated evil, we are apt to concentrate

our hatred upon it, rather than to recognize its function ; and we strive only to remove it, without seeking for its cause. The latter task is, it is true, mainly the province of the followers of the healing art ; yet how much may others learn by properly considering their own sensations.

Pain is an evil, then, but it is also a blessing. It is composite in its essence ; and in this it resembles many medicinal agents, which, whilst effecting a certain good, are exceedingly unpleasant in their action. Of course it would be foolish to term pain a good in itself, and therefore not seek to relieve and remove it. The future Sir Humphrey Davy doubtless changed his opinion very quickly and permanently, under the strong personal application of the argument implied in the story referred to by the *Quarterly Review*, in the opening paragraph of the article we have cited. "Sir Humphrey Davy, when a boy, with the defiant constancy of youth which had as yet suffered nothing, held the opinion that pain was no evil. He was refuted by a crab, who [which ?] bit his toe when he was bathing, and made him roar loud enough to be heard half a mile off. If he had maintained, instead, that pain was a good, his doctrine would have been unimpeachable. Unless the whole constitution of the world were altered, our very existence depends upon our sensibility to suffering." As the reviewer says, "without the warning voice of pain, \* \* \* the crab might have eaten off the future Sir Humphrey's foot while he was swimming, without his entertaining the slightest suspicion of the ravages which were going on." So, he adds, "had he survived the injuries from the crab," he would have been destroyed by continuing the inhalation of carburetted hydrogen, after it had almost caused his death, and yet saved him by inducing *painful* sensations.

The preservation of infancy is alluded to by the reviewer, as often entirely due to physical pain. Of course, in the absence of parents or nurses, thousands of children would perish from mere lack of that experience which suffering gives them by degrees.

Another phase in the "beneficent distribution of pain" is the undoubted total absence of it in what is termed the last struggle. Dissolution is painless ; the agony has been "distributed" over other hours of existence : the sunsets of life, like those of many a stormy natural day, are placid, most generally. The opinion, however, is still commonly entertained that there must be pain whilst the spirit is leaving the body, because of the occurrence of convulsive movements remarked at such times. The suffering is only apparent, not real. What a consolation to friends is this, and what a source of comfort to all poor mortals, who know that they must pass through the gate of death. Upon this point the reviewer says : "In fact, though disease is often painful, the act of dying is not. Bodily suffering would be no protection then, and, consistently with the invariable method of Providence, we are spared a useless anguish."

Anæsthetic agents, which have been so mercifully revealed to us, and whose discovery is certainly the greatest boon to humanity since that of vaccination, have been questioned in regard to one of their applications, by eminent medical men. We refer to their employment in obstetric cases. There are those who contend that the pains of labor, being, in fact, natural and healthy demonstrations, ought not to be interfered with ; that they have an important part to play—and that they have such uses as ought not, even partially, to be lost to the par-

turent woman. Whilst many decry this view as foolish and unfounded, we confess to seeing much truth in it. There can be no dispute as to the benefit of ether and chloroform in surgical operations, or their application for the relief of any *pathological* condition; but childbirth is not a pathological state, but wholly a natural act. It may well be questioned how far we ought to interfere with what are termed its "pains." Of course, if the woman in labor begins to sink under their mere endurance, or any morbid element mingles with the process, our authority is at once established, to interpose—the state has become pathological. But often, anæsthetics are used in short and easy labors, where the patient would have done as well, or even better, without them. We can refer to several instances in which labor has been undoubtedly retarded by the action of ether on the uterine efforts; and, within a few days, a case has been mentioned to us by a highly intelligent and observing medical friend, where this was distinctly proved. The labor was a first one, and the birth was delayed a long time without any apparent reason. The suspension of the inhalation of ether was advised by the gentleman referred to, and on complying with the suggestion, the uterus *immediately* resumed its efforts, which safely and speedily resulted in the expulsion of the child.

This aspect of the use of pain deserves closer attention, and it may be well to sift obstetric cases more thoroughly; using anæsthesia, only, or chiefly, in such instances as really demand it.

We have already extended our remarks beyond the limits we had assigned to them. Pain, as an evil, has of late been placed more than could ever have been hoped for, under the dominion of scientific medicine. As a good, it still is vouchsafed to us in the shape of a watchful guardian; and it must be ever present on the earth in many forms and with every shade of intensity. It is only in the vision of the Revelation that we read, "and there shall be no more death, neither sorrow, nor crying, *neither shall there be any more pain.*"

#### OBITUARY—DR. HENRY SARGENT.

DIED.—In Worcester, April 27th, Dr. HENRY SARGENT, aged 36.

Dr. Sargent was born in Leicester, Mass. He graduated at New Haven in 1841, and at the Massachusetts Medical College in 1847. He spent two years abroad in the completion of his studies, and on his return commenced practice at Worcester, where his brother, Dr. Joseph Sargent, had already taken a prominent position. He also visited Europe at two subsequent periods.

The loss of Dr. Sargent, though anticipated for some time past, is keenly felt by a very large circle of friends and by the whole community. Universally beloved, both in the profession and out of it, there was a peculiar charm in his manner that at once attracted toward him all with whom he came in contact, while his blameless life and character soon won their esteem and affection. Though having, from the very commencement of his practice, constantly to contend against ill health, yet he always, and especially in his last tedious illness, exhibited a rare degree of courage and cheerfulness, and had already established a deserved reputation as an able physician and skilful surgeon. He was well known personally to a large portion of the profession in Boston, who all deeply deplore his loss.

Dr. Sargent may perhaps be regarded as another one of the many sacrifices made in the cause of medical science. When a medical stu-

dent, he received a dissecting wound which nearly laid him at death's door. The effects of this had never entirely left his system, and unquestionably hastened his early decease.

#### DEATH OF M. CHOMEL.

THE last European despatches announce the demise of this distinguished man, for a long period one of the brightest ornaments of the medical profession. There are many of our brethren in this country who remember his pleasant face and kindly bearing, no less distinctly than the surpassing excellence of his clinical instructions and the clear expositions of disease and its management given by him in the well-filled lecture-room. Sixteen years ago, when it was our good fortune to listen to his instructions, and to witness the accuracy of his diagnosis and the judiciousness of his remedial measures, CHOMEL was in his prime. No other *cliniques* were better, if so well, attended as his. He was then attached to *L'Hotel Dieu*, and ample material was constantly afforded for the communication of instruction both at the bedside and in the amphitheatre. Always prompt and punctual at the visiting hour, active in his movements, but bestowing sufficient attention upon every patient, ready to answer questions, and sometimes even inviting conversation, his genial manner, no less than his power of imparting useful information, was eminently calculated to attract students. And another merit was his, not always attaching to hospital medical officers—kindness to his patients—that consideration which can only have its home in a warm and true heart, and which prompts a tenderness toward the sufferer, while it in no wise detracts from the power of investigating the phenomena of disease. Female delicacy was never outraged, nor the flickering life hastened to its extinction, that mere science might be the gainer, in the wards of M. CHOMEL.

The best opportunities for the study of nearly every affection in the medical category, then existed at the immense hospital to which M. CHOMEL was attached. Surgery, also, could there boast in daily attendance, Roux and Blandin, both gone before the subject of this sketch, from the scene of their labors and successes. The course of experimental lectures upon percussion and auscultation, and the accompanying general and special hints upon pulmonary and other diseases under the administration of M. Fauvel, *Chef de Clinique* of M. CHOMEL, were widely appreciated by medical students from abroad, and especially by those from the United States. We look back to them as of very great value; and in this connection we cannot but estimate more highly than ever, the signature of M. CHOMEL to a certificate of a winter's course of attendance in his wards—an autograph doubtless most valuable to us from personal recollections and associations.

M. CHOMEL was not a voluminous writer, but what he has left us in this way is inestimable. The following list of his writings is transcribed from a short sketch of his character and professional course, published some years since in Paris: *Essai sur le Rhumatisme* (the subject of his thesis); *Eléments de Pathologie Générale*; *De L'Existence des Fièvres*; *Des Fièvres et des Maladies Pestilentiellles*; *Lecons de Clinique Médicale faites à l'Hotel-Dieu de Paris (Fièvre Typhoïde)*; *Lecons Cliniques sur le Rhumatisme et la Goutte*; *Lecons Cliniques sur la Pneumonie*. The last but one of these publications was issued by Dr. Requin; being compiled from the lectures of M. CHOMEL.



The largest of CHOMEL's works, and of course that which received the most of his attention, is the "Elements of General Pathology." One edition of this has been published in France since the appearance of the third edition, which was translated in this country in 1848. This work has, we think, been justly regarded one of very great value, both to students and practitioners.

CHOMEL was born at Paris at the beginning of the (great) Revolution. He was, in 1848, Professor of Clinical Medicine to the Faculty of Paris; Consulting Physician to the King; Physician in Ordinary to the Princess Royal; Officer of the Legion of Honor; Honorary Physician of the Hospitals; Member of the Royal Academy of Medicine; and of many other academies and societies, national and foreign.

CHOMEL refused to take the oath of allegiance to the Empire, and consequently he was excluded from the position of Clinical Lecturer at *Hôtel Dieu*. He enjoyed, however, to the last of his life, an immense and lucrative practice.

There are many other interesting facts relative to this celebrated man, for which we have not space at present, but which would well repay any one for preparing, and all in the perusal.

*Boston Medical Association.*—The Annual Meeting of this Association was held on Monday last, Dr. WARREN being in the Chair.

The officers of the preceding year were re-elected, as follows: *Secretary*, Dr. J. B. ALLEY; *Standing Committee*, Drs. SHURTLEFF, BUCK, DURKEE, DALE and WARREN.

An amendment to the By-laws was adopted, to the effect that new members should no longer be required to issue circulars announcing that they had joined the Association, but that their names should be published, by the Secretary, in the Boston Medical and Surgical Journal.

The Standing Committee, to whom were referred certain resolutions of Dr. BOWDITCH, reported through their chairman, Dr. SHURTLEFF, that no alteration ought to be made in the fee table, and that Dr. Bowditch's resolutions ought to be adopted, excepting the one requiring bills to be presented quarterly. The resolutions recommended are to the effect that a more rigid observance of the nineteenth by-law is desirable, and that in cases of consultation and of special treatment, bills should be presented immediately after such consultation, or treatment. The report of the Committee was adopted.

On motion of Dr. WILLIAMS, it was voted that the Standing Committee have power to appoint delegates to medical or scientific conventions.

*Boston Medical Association.*—The names of the following gentlemen, who have joined the Association during the past year, are published, in accordance with the By-Laws:—Henry K. Oliver, Benj. Campbell, Samuel Green, George S. Hyde. J. B. ALLEY, *Secretary*.

Boston, May 3d, 1858.

*Deaths in Boston* for the week ending Saturday noon, May 1st, 66. Males, 38—Females, 30.—Accident, 1—Inflammation of the bowels, 3—Inflammation of the brain, 2—Cancer, 2—Consumption, 12—Convulsions, 5—Croup, 2—Cachexia, 1—Dropy, 3—Debility, 1—Infantile diseases, 6—Puerperal, 1—Erysipelas, 2—Scarlet fever, 2—Typhoid fever, 1—Disease of the heart, 1—Inflammation of the lungs, 5—Congestion of the lungs, 1—Disease of the liver, 1—Measles, 3—Old age, 1—Palsy, 1—Tumor in uterus, 1—Unknown, 1—Whooping cough, 4—Worms, 1.  
Under 5 years, 23—Between 5 and 20 years, 6—Between 20 and 40 years, 14—Between 40 and 60 years, 0—Above 60 years, 8. Born in the United States, 63—Ireland, 9—Other places, 4.

**Swallowing Artificial Teeth.**—Scarcely a month passes in which we do not hear of some one swallowing artificial teeth, and that serious consequences have not more frequently resulted from it is really wonderful. A medical gentleman of Baltimore called on the senior editor a short time since, in a state of great alarm from having swallowed, an hour or two before, a gold plate, extending from the first molar on one side to the second bicuspid of the superior maxillary on the other, with three artificial teeth, two bicusps and a lateral incisor, and a clasp at each extremity. His first impulse after the occurrence of the accident, was to call on one of his medical friends, who regarding the case as one of dentistry, and as not coming strictly within his province, advised him to consult the senior editor. Although the teeth and plate were now beyond the reach of the dentist, he nevertheless expressed the belief that inasmuch as they had made their way through the œsophagus into the stomach without much difficulty, they would traverse the remaining portion of the alimentary canal, and escape from the anus without injury, which they did in seventy-two hours from the time they were swallowed.

A similar accident occurred in Cincinnati, Ohio, about four years ago, and more recently another in London. We have also heard of several other accidents of the same kind, and it is stated in a late number of the *Boston Traveller*, that Mr. Bartlett, of Swampscott, Mass., swallowed, while asleep, a gold plate with six artificial teeth attached, which, lodging in the upper part of the œsophagus, came very near causing his death, but fortunately he was relieved the next day, by the removal of the piece by Dr. Peirson of Salem.

The only fatal result from an accident of this kind of which we recollect to have ever heard, occurred some months ago at the Bellevue Hospital, in New York. The subject, Mr. McDougall, having swallowed a gold plate with two artificial teeth attached, they lodged in the œsophagus about two inches above the cardiac orifice of the stomach, as was, after his death, ascertained by *post mortem* examination of the body. They produced ulceration at the point where they had lodged, which extended through into the pericardium, and ultimately caused the death of the patient.

Dentists applying artificial teeth which are not securely attached by clasps to remaining natural teeth, should impress upon their patients the importance of removing them from the mouth at night before going to bed, and indeed this should always be done.—*Am. Journal of Dental Science.*

**Case of Extra Fingers and Toes.**—Mrs. W——, aged 38 years, the mother of several children, was delivered on the 14th January, 1853, of a female child having six fingers on each hand, and the same number of toes on each foot. The extra fingers were pendulous, being attached on the ulnar side of the hand, opposite the metacarpo-phalangeal articulation of the little finger, by a sort of pedicle composed of integument, bloodvessels, &c. The extra toes have the same direction as the others; but as there is no metatarsal bone, they are articulated with the little toes. As the supernumerary fingers would have been both inconvenient and unsightly, I passed a ligature round the pedicle of each and removed them with the scissors.

In February, 1855, Mrs. W—— was delivered of a male child, about which there was nothing remarkable. On the 23d July, 1857, Mrs. W—— was delivered of another female child having the extra fingers, as in the case first mentioned, but having the proper number of toes. I amputated these fingers also. Both children are now living. The fingers I still have in my possession.—Dr. Wm. Gurth, in the *Iowa Medical Journal*.

**An Official Nosology.**—An amusing article in a contemporary, upon the "Curiosities of Registration," enumerates an amusing series of assigned causes of death, in which the most startling effect is produced by the orthographical transformation of known diseases. Perhaps few of our readers would at once recognize any old familiar foe in the strange complaints thus chronicled:—"Imperfect closure of the foreman;" "Turner on the right arm;" "Disease of the lever;" "Hanged himself in a fit of temperate insanity from excessive drinking." Many of these singular errors probably owe their birth to the peculiarly illegible hand in which medical men are wont to fill in certificates of death, no less than to the ignorance of the registrars.—*London Lancet.*